

political  
action  
committee

FEB 3 8 50 AM '94

January 28, 1994

J. P. Andre\*  
Reports Analyst  
Reports Analysis Division  
FEDERAL ELECTION COMMISSION  
Washington, D.C. 20463

Identification No. C00286922

Dear J. P. Andre\*:

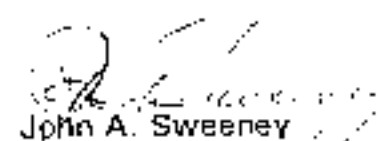
This letter is in response to your correspondence of January 1994 regarding our recently submitted Statement of Organization. More particularly, I am addressing my response to your inquiry with respect to our affiliation with Blue Cross and Blue Shield of Maryland, Inc. ("BCBSM").

The members of this PAC are, by definition, employees of an entity licensed in the State of Maryland as a non-profit health insurance company. In my opinion, our only real association with that entity is that we are employees of BCBSM and, generally speaking, share with it a common interest in political matters that affect the health care industry, as well as other political issues that may impact our individual members specifically. Otherwise, we maintain ourselves as an autonomous organization created and existing for the furtherance of our common interests and purposes.

The use of the term "affiliation" in this instance, in my opinion, is probably a misnomer in its application to us and as supported by the CFR Section recited by you in your previous correspondence. Upon further reflection, I probably should not have made the statement. However, having done so, I can certainly understand your need for further clarification. I trust that my response will satisfactorily explain our relationship ("affiliation") with BCBSM and you will find this explanation supportive of our request for registration as a Federal PAC.

Should you need any further explanation or comment on this subject, please do not hesitate to contact me.

Sincerely,

  
John A. Sweeney  
BCBSM Employees' PAC Treasurer  
(410) 998-5088

## STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. NAME OF COMMITTEE IN FULL <u>Blue Cross and Blue Shield of Maryland Employees' PAC</u>		2. DATE <u>1/1/94</u>
(b) Number and Street Address <u>13455 Mill Run Circle</u>		3. FEC IDENTIFICATION NUMBER <u>8 50 411 '94</u>
(c) City, State and ZIP Code <u>Owings Mills MD 21117</u>		4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

## 5. TYPE OF COMMITTEE (Check one)

- ☐ (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- ☐ (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- ☐ (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- ☐ (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- ☒ (e) This committee is a separate segregated fund.
- ☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
See attached.		
Blue Cross and Blue Shield of MD	10455 Mill Run Circle Owings Mills, MD 21117	

## 7. Type of Connected Organization

☐ Corporation ☐ Corporation with Capital Stock ☐ Labor Organization ☒ Membership Organization ☐ Trade Association ☐ Cooperative

## 8. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Linda Pierce	10455 Mill Run Circle, Owings Mills MD 21117	Bookkeeper

## 9. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
John A. Sweeney	10455 Mill Run Circle, Owings Mills MD 21117	Treasurer

## 10. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
3UCS Credit Union	P O Box 20359 Eudowood, MD 21284-0359

I certify that I have examined this statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <u>John A. Sweeney</u>	SIGNATURE OF TREASURER 	DATE <u>1/1/94</u>
---	--	-----------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered

DATE OF RECEIPT

☒ First Class Mail

POSTMARKED

2/1/94

☐ Registered/Certified Mail

POSTMARKED

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House Office of Records  
and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public  
Records

DATE OF RECEIPT

☐ Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*Eric Smith*  
PREPARER

2/3/94  
DATE PREPARED